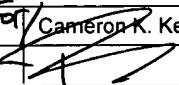


REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL <i>JUN 06 2006</i> Address to: Commissioner for Patents Mail Stop RCE P.O. Box 1450 Alexandria, VA 22313-1450		Application Number 10/781,280 Filing Date February 17, 2004 First Named Inventor Masaki Nakamura Art Unit 1755 Examiner Name Veronica F. Faison Attorney Docket Number 56232.98
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This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

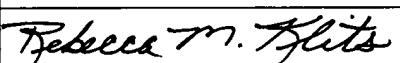
1. Submission required under 37 C.F.R. 1.114	
a. <input checked="" type="checkbox"/> Previously submitted <ul style="list-style-type: none"> i. <input checked="" type="checkbox"/> Consider the amendment(s)/reply under 37 C.F.R. 1.116 previously filed on <u>May 6, 2005</u> (Any unentered amendment(s) referred to above will be entered). ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____ iii. <input type="checkbox"/> Other _____ 	
b. Enclosed <ul style="list-style-type: none"> i. <input type="checkbox"/> Amendment/Reply ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) iii. <input type="checkbox"/> Information Disclosure Statement (IDS) iv. <input type="checkbox"/> Other _____ 	
2. Miscellaneous	
a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required)	
b. <input type="checkbox"/> Other _____	
3. Fees	
a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. <u>07-1850</u> <ul style="list-style-type: none"> i. <input checked="" type="checkbox"/> RCE fee required under 37 C.F.R. 1.17(e) ii. <input type="checkbox"/> Extension of time fee (37 C.F.R. 1.136 and 1.17) iii. <input type="checkbox"/> Other _____ 	
b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed	
c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)	
<small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small>	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print /Type)	Cameron K. Kerrigan		Registration No. (Attorney/Agent)	44,826
Signature	 <u>Perry J. Meyer Jr.</u> <u>Reg. No. 47,791</u>		Date	June 6, 2005

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail in a box addressed to: Commissioner for Patents, Mail Stop RCE, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Name (Print /Type)	Rebecca M. Klits			
Signature			Date	June 6, 2005

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Commissioner for Patents, Mail Stop RCE, P.O. Box 1450, Alexandria, VA 22313-1450.

06/09/2005 MAHMED1 00000058 071850 10781280

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SanFrancisco/153704.1

JUN 06 2005

FEE TRANSMITTAL

TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = **(\$(790.00)**

Complete if Known	
Application Number	10/781,280
Filing Date	February 17, 2004
First Named Inventor	Masaki Nakamura
Group Art Unit	1755
Examiner Name	Veronica F. Faison
Attorney Docket Number	56232.98

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																																																																																																									
<p>1. The Commissioner is hereby authorized to:</p> <p><input checked="" type="checkbox"/> Charge the indicated fees to the below mentioned deposit account.</p> <p><input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.[†]</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p>		<p>3. 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SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name <i>Cameron K. Kerrigan</i>		Reg. Number	44,826
Signature <i>Paul J. Meyer, Jr.</i>	<i>Reg. No. 47,791</i>	Date	June 6, 2005